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** CONTINUING DATA ***** <i>No</i>						
** FOREIGN APPLICATIONS ***** <i>None</i>						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/28/2001						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
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TITLE NEGATIVE PRESSURE ASSISTED TISSUE TREATMENT SYSTEM						
FILING FEE RECEIVED 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		